ile Nu				OMB APPROVAL OMB Number: 3235-033			
	85-10255		Company of the Albert	Expires: September 30, 200			
For the reporting period ended December 31, 2005				Estimated average burden hours per full response 6.0			
			" " " " " " " " " " " " " " " " " " "	Estimated average burden			
_		UNITED STA	ATES	hours per intermediate			
		SECURITIES AND EXCHA	# 1 × 1	response			
		Washington, D.	C. 20549	hours per minimum			
				response			
	06007739	hours per minim response					
. Fu	ATTENTION: ATTENTION: Ill name of Registrant as states not use Form TA-2 to change name THE NATIONAL BANK	INTENTIONAL MISST CONSTITUTE FEDERA See 18 U.S.C. 1001 and 1 d in Question 3 of Form TA-1: e or address.)	THE SECURITIES ATEMENTS OR AL CRIMINAL V .5 U.S.C. 78ff(a)	OMISSIONS OF FACT			
b.				er agent file number(s) of all servi			
	Name of Transfer Agent(s)	;	-/	File No. (beginning with 84- or 85-):			
	REGISTRAR & TRANS	FER COMPANY	. /	84-436			
				·			
			PROCE	COPP			
			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	OSED			
			APR 0 7	2006			
		THOMSTIA					
			FINANC	Ai			
				13			
С.	During the reporting period transfer agent functions?	, has the Registrant been engage	d as a service compan	y by a named transfer agent to perfor			
	☐ Yes	Ŋ No					
d.	If the answer to subsection (c) is yes, provide the name(s) ar	d file number(s) of th	e named transfer agent(s) for which t			
		d as a service company to perfor		cions: (If more room is required, plea			

() (1) (10)

File No. (beginning with 84- or 85-):

Name of Transfer Agent(s):

3.	а.	Comptrolle Federal Dep Board of G	r of the Currency posit Insurance Co	orporation ederal Reserve Syster		only.)		
	b.			the Registrant amenderame inaccurate, incom				
			mendment(s) o file amendment ble	c(s)				
	c.			s no, provide an expla				
				REGISTRANT FILED	_			
				CY, REPORTING TH				
				MED RESPONSIBIL				
		ANSFER AGEN		COMPANY, AND TH	F ONFI 199	UER FOR WHI	JH KEGISIKA	ANI SERVED AS
	11			any of questions	4-11 below i	s none or zer	o enter "O"	,
		11 (ine response to	any or questions	4-11 DC10W 1	s none of zer	o, enter o.	
4.	Nu	mber of items re	ceived for transfe	er during the reporting	g period:0.1,	/.01./.20.05TO	09./.16./.2.00	5 <u>182</u>
5. a. Total number of individual securityholder accounts, including accounts in the Direct Registration System (DRS), dividend reinvestment plans and/or direct purchase plans as of-December 31:					965			
	b.			older dividend reinves		l/or direct purch	ase plan accor	
	c.	Number of indi	vidual securityho	older DRS accounts as	s of December	31:		0
	d.	Approximate p December 31:	ercentage of indi	ividual securityholder	r accounts from	n subsection (a) in the follow	ving categories as of
		Corporate	Corporate	Open-End	Limited	Municip	al Debt	Other
		Equity Securities	Debt Securities	Investment Company Securities	Partnershi Securities		rities	Securities
		100%				- -		
6.	Nu	mber of securition	es issues for whic	h Registrant acted in	the following o	capacities, as of	December 31:	
				Corporate Securities	Open-End Investment	Limited Partnership	Municipal Debt	Other Securities

- a. Receives items for transfer and maintains the master securityholder files:
- b. Receives items for transfer but does not maintain the master securityholder files:
- c. Does not receive items for transfer but maintains the master securityholder files:

Corporate Securities		Open-End Investment Company	Limited Partnership Securities	Municipal Debt Securities	Other Securities
Equity	Debt	Securities			
1	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0

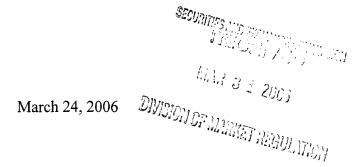
7. S	cope of certain additional types of activities performed: . Number of issues for which dividend reinvestment plan and/o	r direct purchase plan				
	services were provided, as of December 31:		0			
b	1 7					
C	Dividend disbursement and interest paying agent activities co	• • •				
	ii. amount (in dollars)					
3. a	Number and aggregate market value of securities aged record December 31:	differences, existing for mo	ore than 30 days, as of			
		Prior Transfer Agent(s) (If applicable)	Current Transfer Agent			
	i. Number of issues	N/A	0			
	ii. Market value (in dollars)	N/A	0			
b	Number of quarterly reports regarding buy-ins filed by the Re SEC) during the reporting period pursuant to Rule 17Ad-11(c					
C	During the reporting period, did the Registrant file all quarter (including the SEC) required by Rule 17Ad-11(c)(2)? N/A	ly reports regarding buy-ins	with its ARA			
	☐ Yes NONE ☐ No REQUIRED					
d	If the answers to subsection (c) is no, provide an explanation for each failure to file:					
). a	During the reporting period, has the Registrant always been in as set forth in Rule 17Ad-2?	n compliance with the turnar	round time for routine item			
	▼ Yes	•				
	If the answer to subsection (a) is no, com	plete subsections (i) throug	gh (ii).			
	i. Provide the number of months during the reporting period compliance with the turnaround time for routine items ac	•				
	ii. Provide the number of written notices Registrant filed du SEC and with its ARA that reported its noncompliance w items according to Rule 17Ad-2.	ith turnaround time for rout	ine			
	mber of open-end investment company securities purchases and redemptions (transactions) excluding dividend, intered distribution postings, and address changes processed during the reporting period:					
а	. Total number of transactions processed:					
t	Number of transactions processed on a date other than date of	f receipt of order (as ofs):	0			

11. a. During the reporting period, provide the date of all database searches conducted for lost securityholder accounts listed on the transfer agent's master securityholder files, the number of lost securityholder accounts for which a database search has been conducted, and the number of lost securityholder accounts for which a different address has been obtained as a result of a database search:

Date of Database Search	Number of Lost Securityholder Accounts Submitted for Database Search	Number of Different Addresses Obtained from Database Search
06/15/2005	24	18

b. Number of lost securityholder accounts that have been re reporting period:	_	
SIGNATURE: The Registrant submitting this Form, and the perinformation contained in the Form is true, correct	rson signing the Form, hereby represent that all the ct, and complete.	
Manual signature of Official responsible for Form:	Title: COUNSEL	
Mailyn Brichter Suhegogy	Telephone number: (540) 951-6331	
Name of Official responsible for Form:	Date signed	
(First name, Middle name, Last name)	(Month/Day/Year):	
MARILYN BRICHTER BUHYOFF	MARCH 24, 2006	

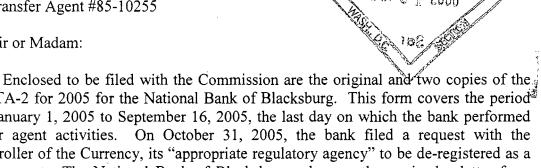




Securities and Exchange Commission 450 5th Street NW Washington, DC 20549-0013

CERTIFIED MAIL - RETURN RECEIPT RE: Form TA-2 The National Bank of Blacksburg Transfer Agent #85-10255

Dear Sir or Madam:



Form TA-2 for 2005 for the National Bank of Blacksburg. This form covers the period from January 1, 2005 to September 16, 2005, the last day on which the bank performed transfer agent activities. On October 31, 2005, the bank filed a request with the Comptroller of the Currency, its "appropriate regulatory agency" to be de-registered as a transfer agent. The National Bank of Blacksburg subsequently received a letter from OCC dated November 15, 2005 acknowledging that its transfer agent registration has been canceled.

Should you need to contact me, my direct phone number is (540) 951-6331 and my e-mail address is mbuhyoff@nbbank.com.

Sincerely,

Marilyn B. Buhyoff

Counsel

Enclosure with the transfer and the engineers of a final transfer and the state of the consequence of the second state of the

For A Future You Can Bank On... Bank On Us!

100 South Main Street / Blacksburg, Virginia 24060 PO Box 90002 / Blacksburg, Virginia 24062-9002 Phone-(540) 552-2011 http://www.nbbank.com